	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001										Annification or Docket Number 19073874 2001807456650						
	CLAIMS AS FILED - P. (Column 1)									SMALL ENTITY TYPE			OR	OTHER THAN			
	TOTAL CLAIMS				127					RAT	E	FEE	1	RATE	FEE		
	FOR				NUMBER	FILED	NUMBER EXTRA			BASIC FEE		370.00	QЯ	Basic Fee	740.00		
	TOTAL CHARGEABLE CLAIMS				J & mir	ıus 20=	. 2			X\$ 9=			OR	X\$18=	144		
	INDEPENDENT CLAIMS				35 mi	inus 3 =	· Ø			X42=			OR	X84=			
	MU	ULTIPLE DEPENDENT CLAIM P			RÉSENT					+140=			OR	+280=			
	* If	the difference	in colu	non 1 is	less than zero, enter "0" in column 2				TOTAL			OR	TOTAL	884			
ı			I AIMS	8 AS A	MENDED - PART II					1012	·L	<u> </u>	Un	OTHER			
BEST AVAILABLE COPY	3	312914		3 A3 A Jmn 1)	MENDEL	(Colu			SMALL		LL (	ENTITY C		SMALL			
	AMENDMENT A		REM/ AF	AIMS AINING TER IDMENT		NUA PREVI	EST IBER OUSLY FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	NON	Total	• 6	<u>)8</u>	Minus	** (	98_	. —		X\$ 9	•		OR	X\$18=	·		
	AME	Independent	ے ف	<u> </u>	Minus	***	3_	•		X42:	"		OR	X84=			
	Ľ	FIRST PRESE	NTATIO	N OF M	ULTIPLE DEI	PENDEN	T CLAIM			+140	<b>=</b> .		OR	+280=			
		-1.011		•					ADDIT.		FAL.		OR	TOTAL ADDIT FEE			
		8H314	(Colu	ımn 1)	(Column 2) (Colum			(Cotumn 3)		ADOI1. 1					,		
	AMENDMENT B		REM/ AF	AIMS AINING TER IDMENT		PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
		Total	• 6	28_	Minus	# ć	28	. —		X\$ 9:	=		OR	X\$18=			
		Independent	• =	2-	Minus	ese (	3	-		X42=	3	·	OR	X84=			
	<b>L</b>		31M10	A OL MI	JETIPLE DEPENDENT CLAIM				'	+140:	=		OR	+280=			
		· '\								TOT ADDIT, F			OR	TOTAL ADDIT FEE			
	(	t- 4:05	, > (Colu	ımn 1)	_	(Colu	mn 2)	(Column 3)									
	AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT				NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Ş	Total	• /	8	Minus	<b>**</b> · C	) <sup>(8</sup>	=		X\$ 9-			OR	X\$18=			
	ME	Independent	٠	1	Minus	***	3	<b>-</b> · /	l	X42=			OR	X84=	7		
	ت	FIRST PRESENTATION OF MULTIPLE DEPEN					T CLAIM			+140=	$\dashv$	/	OR	+280=	/		
					. 1			/_	OR OR	TOTAL	/						
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box													ADDIT. FEE			
		The Trighest Num	ber Prev	iously Pai	g For" (Total o	r Independ	era) is thi	edmun Rengin i	# <b>70</b> U	and in Chi	abb	HODUSTO DOI	un col	uman T.			